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CONFIRMATION NO. 5356

SERIAL NUMBER 09/435,540	FILING OR 371(c) DATE 11/08/1999 RULE	CLASS 709	GROUP ART UNIT 2153	ATTORNEY DOCKET NO. RIC99057
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APPLICANTS

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** CONTINUING DATA ****

This appln claims benefit of 60/163,913 11/05/1999

** FOREIGN APPLICATIONS ****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/30/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
TX	6	31	2

ADDRESS

25537

TITLE

METHOD AND SYSTEM OF PROVIDING DIFFERENTIATED SERVICES

FILING FEE RECEIVED 1160	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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